| A B C D | E | F | G | Н | l J | K | L | M | N O | Р | Q | R | S | T | U V | Х | |
|---|-----------------------|---------------------------------------|------------------|---|---|----------------|---------------|-----------------|--|--------------------|----------------|-------------------|------------------------|-------------------|-----------------------------------|---------------------|------|
| Unified Rate Review v3.3 | | | • | • | • | | | | • | | • | | | | | | • |
| Company Legal Name: | Baptist Health | Plan | State: | ΚY | | | | | | | | | | | | | |
| HIOS Issuer ID: | 40586 | | | ndividual | | | | | | | | | | | | | |
| Effective Date of Rate Change(s | | | iviai ket. | iluiviuuai | | | | | | | | | | | | | |
| Effective Date of Nate Change(s | .). 1/1/201/ | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Market Level Calculations (Same for all | Plans) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Section I: Experience period data | 4/4/2045 | | 42/24/2045 | | | | | | | | | | | | | | |
| Experience Period: | 1/1/2015 | to | 12/31/2015 | | | | | | | | | | | | | | |
| | | Experience Period Aggregate Amount | PMPM | % of Prem | | | | | | | | | | | | | |
| Premiums (net of MLR Rebate) in Exper | | \$1 | \$1.00 | 100.00% | | | | | | | | | | | | | |
| Incurred Claims in Experience Period | | \$1 | 1.00 | 100.00% | | | | | | | | | | | | | |
| Allowed Claims: | | \$1 | 1.00 | 100.00% | | | | | | | | | | | | | |
| Index Rate of Experience Period | | | \$1.00 | | | | | | | | | | | | | | |
| Experience Period Member Months | | 1 | | | | | | | | | | | | | | | |
| Section II: Allowed Claims, PMPM basis | s | | | | | | | | | | | | | | | | |
| , | | Projec | tion Period: | 1/1/2017 | to | 12/31/2017 | M | id-point to Mid | -point, Experie | nce to Projection: | 24 | months | | | | | |
| | | Adj't. from | | Annualiz | | | | | | | | | = | | | | |
| on Actual Experience Allowed | | | | | to Projecti | on Period | Fact | ors | Projections, before credibility Adjustment Credibility Mar | | | | | l | | | |
| | Utilization | Utilization per | Average | | Pop'l risk | | | | Utilization per | Average | | Utilization | Average | | | | |
| Benefit Category | Description | 1,000 | Cost/Service | PMPM | Morbidity | Other 1.000 | 2.000 | Util 1.000 | 1,000 | Cost/Service | PMPM | per 1,000 | Cost/Service | PMPM CC7 27 | | | |
| Inpatient Hospital Outpatient Hospital | Days Visits | 2,000.00 2,000.00 | \$1.00 1.00 | \$0.17 0.17 | 1.000 1.000 | 1.000 | 1.000 | 1.000 | 2,000.00 2,000.00 | \$1.00 1.00 | \$0.17 0.17 | 179.63 1171.97 | \$4,493.69 1,224.29 | \$67.27 119.57 | | | |
| Professional | Services | 2,000.00 | 1.00 | 0.17 | 1.000 | 1.000 | 1.000 | 1.000 | 2,000.00 | 1.00 | 0.17 | 7225.93 | 193.70 | 116.64 | | | |
| Other Medical | Services | 2,000.00 | 1.00 | 0.17 | 1.000 | 1.000 | 1.000 | 1.000 | 2,000.00 | 1.00 | 0.17 | 1284.75 | 333.21 | 35.67 | | | |
| Capitation | Benefit Period | 2,000.00 | 1.00 | 0.17 | 1.000 | 1.000 | 1.000 | 1.000 | 2,000.00 | 1.00 | 0.17 | 12000.00 | 2.84 | 2.84 | | | |
| Prescription Drug | Prescriptions | 2,000.00 | 1.00 | 0.17 | 1.000 | 1.000 | 1.000 | 1.000 | 2,000.00 | 1.00 | 0.17 | 12874.83 | 85.37 | 91.60 | | | |
| Total | | | | \$1.00 | | | | | | | \$1.00 | | | \$433.58 | After Credibility | Dunianted Davied To | |
| | | | | Projected Allowed | Evnorioneo Clain | as DNADNA (w | /applied cree | dibility if ann | icable) | | 0.00% | | | 100.00% | After Credibility \$433.58 | | |
| | | | | riojecteu Alloweu | Paid to Allowe | | | | | | 0.0076 | 1 | | 100.00% | 0.709 | | ,504 |
| Section III: Projected Experience: | | | | | Projected Inco | - | - | | | | | | | | \$307.49 | | .085 |
| Section III: Projected Experience: | | | | | Projected Risk | | | | .,, | | | | | | -19.79 | | |
| Section III: Projected Experience: | | | | | Projected I | ncurred Clair | ms, before re | insurance re | coveries, net of rein | prem, PMPM | | | | | \$327.28 | \$43,164, | ,663 |
| Section III: Projected Experience: | | | | | Projected ACA | reinsurance | e recoveries, | net of rein p | em, PMPM | | | | | | 0.00 | | 0 |
| Section III: Projected Experience: | | | | | | | | | | | | | | | \$327.28 | \$43,164, | ,663 |
| Section III: Projected Experience: | | | ı | Projected Incurred | Claims | | | | | | | | | 12.08% | 47.11 | 6,213, | ,141 |
| Section III: Projected Experience: | | | | Projected Incurred | | | | | | | | | | 2.00% | 7.80 | 1,028, | ,571 |
| Section III: Projected Experience: | | | , | Administrative Expo Profit & Risk Load | | | | | | | | | | | | | |
| Section III: Projected Experience: | | | , 1 | Administrative Expo Profit & Risk Load Faxes & Fees | ense Load | | | | | | | | | 1.99% | <u>7.75</u> | | _ |
| Section III: Projected Experience: | | | , 1 1 | Administrative Expo Profit & Risk Load Faxes & Fees Single Risk Pool Gro | ense Load oss Premium Av _e | z. Rate, PMP | *M | | | | | | | 1.99% | \$389.94 | \$51,428, | _ |
| Section III: Projected Experience: | | | , 1 1 | Administrative Expo Profit & Risk Load Faxes & Fees | ense Load oss Premium Av _e ection Period | | | | | | | | | 1.99% | \$389.94 \$433.58 | \$51,428, | _ |
| Section III: Projected Experience: | | | , 1 1 | Administrative Expo Profit & Risk Load Faxes & Fees Single Risk Pool Gro | ense Load oss Premium Av _e | er Experienc | | | | | | | | 1.99% | \$389.94 | \$51,428, | _ |
| Section III: Projected Experience: | | |) 1 3 1 | Administrative Expo Profit & Risk Load Faxes & Fees Single Risk Pool Gro | ense Load oss Premium Avg ection Period % increase ov % Increase, an | er Experienc | | | | | | | | 1.99% | \$389.94 \$433.58 38894.09% | \$51,428, | ,528 |

disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name: Baptist Health Plan State: KY
HIOS Issuer ID: 40586 Market: Individual

Effective Date of Rate Change(s): 1/1/2017

Product/Plan Level Calculations

Section I: General Product and Plan Information

| Product | | | | | Individu | ual HMO | | | | | Individual PPO |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Product ID: | | | | | 40586 | KY582 | | | | | 40586KY583 |
| Metal: | Gold | Silver | Silver | Silver | Bronze | Bronze | Catastrophic | Silver | Bronze | Bronze | Bronze |
| AV Metal Value | 0.809 | 0.716 | 0.693 | 0.704 | 0.620 | 0.603 | 0.610 | 0.699 | 0.619 | 0.614 | 0.614 |
| AV Pricing Value | 0.916 | 0.806 | 0.841 | 0.777 | 0.699 | 0.691 | 0.679 | 0.780 | 0.664 | 0.674 | 0.749 |
| Plan Category | Renewing | New | New | New | Renewing |
| Plan Type: | НМО | PPO |
| Plan Name | | | | | | | | | | | |
| Plan ID (Standard Component ID): | 40586KY5820001 | 40586KY5820002 | 40586KY5820003 | 40586KY5820004 | 40586KY5820005 | 40586KY5820006 | 40586KY5820007 | 40586KY5820014 | 40586KY5820015 | 40586KY5820016 | 40586KY5830003 |
| Exchange Plan? | Yes | No |
| Historical Rate Increase - Calendar Year - 2 | | | | | 0.0 | 00% | | | | | 0.00% |
| Historical Rate Increase - Calendar Year - 1 | | | | | 0.0 | 00% | | | | | 0.00% |
| Historical Rate Increase - Calendar Year 0 | | | | | 0.0 | 00% | | | | | 0.00% |
| Effective Date of Proposed Rates | 1/1/2017 | 1/1/2017 | 1/1/2017 | 1/1/2017 | 1/1/2017 | 1/1/2017 | 1/1/2017 | 1/1/2017 | 1/1/2017 | 1/1/2017 | 1/1/2017 |
| Rate Change % (over prior filing) | 25.62% | 28.30% | 28.90% | 29.46% | 21.26% | 26.69% | 24.08% | 29.92% | 31.95% | 31.32% | 45.85% |
| Cum'tive Rate Change % (over 12 mos prior) | 25.62% | 28.30% | 28.90% | 29.46% | 21.26% | 26.69% | 24.08% | 29.92% | 31.95% | 31.32% | 45.85% |
| Proj'd Per Rate Change % (over Exper. Period) | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Product Rate Increase % | | | | | 27.9 | 90% | | | | | 45.84% |

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

| Plan ID (Standard Component ID): | Total | 40586KY5820001 | 40586KY5820002 | 40586KY5820003 | 40586KY5820004 | 40586KY5820005 | 40586KY5820006 | 40586KY5820007 | 40586KY5820014 | 40586KY5820015 | 40586KY5820016 | 40586KY5830003 |
|----------------------------------|---------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Inpatient | #DIV/0! | \$14.84 | \$18.55 | \$15.50 | \$15.83 | \$22.77 | \$8.21 | \$7.56 | \$0.00 | \$0.00 | \$0.00 | \$15.91 |
| Outpatient | #DIV/0! | \$20.68 | \$25.63 | \$13.91 | \$22.52 | \$0.85 | \$9.44 | \$8.42 | \$0.00 | \$0.00 | \$0.00 | \$21.70 |
| Professional | #DIV/0! | \$28.68 | \$22.99 | \$21.73 | \$24.05 | \$9.03 | \$14.29 | \$10.59 | \$0.00 | \$0.00 | \$0.00 | \$23.84 |
| Prescription Drug | #DIV/0! | \$22.01 | \$7.43 | \$30.92 | \$9.84 | \$13.77 | \$22.51 | \$21.70 | \$0.00 | \$0.00 | \$0.00 | \$31.95 |
| Other | #DIV/0! | -\$9.15 | -\$7.44 | -\$8.48 | -\$7.21 | -\$7.85 | -\$6.99 | -\$7.06 | \$0.00 | \$0.00 | \$0.00 | -\$6.01 |
| Capitation | #DIV/0! | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Administration | #DIV/0! | -\$3.26 | \$4.23 | \$2.42 | \$6.35 | \$8.07 | \$10.40 | \$10.25 | \$0.00 | \$0.00 | \$0.00 | \$12.78 |
| Taxes & Fees | #DIV/0! | -\$9.53 | -\$8.22 | -\$8.56 | -\$7.86 | -\$7.44 | -\$7.09 | -\$7.09 | \$0.00 | \$0.00 | \$0.00 | -\$6.90 |
| Risk & Profit Charge | #DIV/0! | \$1.44 | \$1.42 | \$1.51 | \$1.43 | \$0.93 | \$1.17 | \$1.04 | \$0.00 | \$0.00 | \$0.00 | \$2.04 |
| Total Rate Increase | #DIV/0! | \$65.72 | \$64.60 | \$68.95 | \$64.96 | \$40.13 | \$51.95 | \$45.40 | \$0.00 | \$0.00 | \$0.00 | \$95.32 |
| Member Cost Share Increase | #DIV/0! | \$5.11 | \$7.59 | \$2.51 | \$8.28 | \$13.38 | \$13.43 | \$16.14 | \$0.00 | \$0.00 | \$0.00 | \$48.14 |

| Average Current Rate PMPM | \$302.54 | \$366.58 | \$315.98 | \$328.23 | \$301.69 | \$290.06 | \$274.30 | \$275.37 | \$301.84 | \$253.10 | \$258.21 | \$258.21 |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Projected Member Months | 131,888 | 19,983 | 16,876 | 2,484 | 42,466 | 2,929 | 1,413 | 48 | 15,704 | 22,715 | 7,258 | 12 |

Section III: Experience Period Information

| | Plan ID (Standard Component ID): | Total | 40586KY5820001 | 40586KY5820002 | 40586KY5820003 | 40586KY5820004 | 40586KY5820005 | 40586KY5820006 | 40586KY5820007 | 40586KY5820014 | 40586KY5820015 | 40586KY5820016 | 40586KY5830003 |
|----|----------------------------------|---------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Ι, | Plan Adjusted Index Rate | #DIV/0! | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 1 | Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | Total Premium (TP) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

| m Info | EHB Percent of TP, [see instructions] | #DIV/0! | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
|--------|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Ę. | tate mandated benefits portion of TP that are other | | | | | | | | | | | | |
| e t | nan EHB | #DIV/0! | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| - | Other benefits portion of TP | #DIV/0! | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | Total Allowed Claims (TAC) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | | | | | | | | | | | | |
| | HB Percent of TAC, [see instructions] | #DIV/0! | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| ou | tate mandated benefits portion of TAC that are | | | | | | | | | | | | |
| ati | ther than EHB | #DIV/0! | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| ıπ | Other benefits portion of TAC | #DIV/0! | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| l fe | | | | | | | | | | | | | |
| us | Allowed Claims which are not the issuer's obligation: | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Clair | Portion of above payable by HHS's funds on | | | | | | | | | | | | |
| O | behalf of insured person, in dollars | \$0 | | | | | | | | | | | |
| | Portion of above payable by HHS on behalf of | | | | | | | | | | | | |
| | insured person, as % | #DIV/0! | | | | | | | | | | | |
| | Total Incurred claims, payable with issuer funds | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | | | | | | | | | | | | |
| | Net Amt of Rein | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Net Amt of Risk Adj | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | | | | | | | | |
| | ncurred Claims PMPM | #DIV/0! | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 7 | llowed Claims PMPM | #DIV/0! | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 1 | HB portion of Allowed Claims, PMPM | #DIV/0! | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Section IV: Projected (12 months following effective date)

| Plan ID (Standard Component ID): | Total | 40586KY5820001 | 40586KY5820002 | 40586KY5820003 | 40586KY5820004 | 40586KY5820005 | 40586KY5820006 | 40586KY5820007 | 40586KY5820014 | 40586KY5820015 | 40586KY5820016 | 40586KY5830003 |
|---|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan Adjusted Index Rate | \$366.06 | \$432.30 | \$380.58 | \$397.18 | \$366.65 | \$330.19 | \$326.25 | \$320.77 | \$368.15 | \$313.53 | \$318.31 | \$353.54 |
| Member Months | 131,888 | 19,983 | 16,876 | 2,484 | 42,466 | 2,929 | 1,413 | 48 | 15,704 | 22,715 | 7,258 | 12 |
| Total Premium (TP) | \$48,279,535 | \$8,638,613 | \$6,422,638 | \$986,603 | \$15,570,357 | \$967,140 | \$460,986 | \$15,397 | \$5,781,422 | \$7,121,808 | \$2,310,328 | \$4,242 |
| CHD Descent of TD (see instructions) | 100.000/ | 100.000/ | 100.00% | 100.000/ | 100.00% | 100.000/ | 100.00% | 100.000/ | 100.000/ | 100.00% | 100.000/ | 100.00% |
| EHB Percent of TP, [see instructions] | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| state mandated benefits portion of TP that are other | | | | | | | | | | | | |
| than EHB | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TP | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Total Allowed Claims (TAC) | \$57,184,565 | \$9,145,559 | \$7,314,690 | \$1,116,011 | \$18,160,883 | \$1,197,827 | \$598,974 | \$20,239 | \$6,957,437 | \$9,572,106 | \$3,095,721 | \$5,118 |
| EHB Percent of TAC, [see instructions] | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| state mandated benefits portion of TAC that are | | | | | | | | | | | | |
| other than EHB | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TAC | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Allowed Claims which are not the issuer's obligation | \$14,037,047 | \$1,250,781 | \$1,542,485 | \$224,095 | \$4,242,322 | \$347,338 | \$194,406 | \$6,766 | \$1,786,253 | \$3,364,605 | \$1,076,651 | \$1,347 |
| Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$1,751,210 | \$0 | \$381,816 | \$58,254 | \$947,971 | \$0 | \$0 | \$0 | \$363,168 | \$0 | \$0 | \$0 |
| Portion of above payable by HHS on behalf of insured person, as % | 12.48% | 0.00% | 24.75% | 26.00% | 22.35% | 0.00% | 0.00% | 0.00% | 20.33% | 0.00% | 0.00% | 0.00% |
| Total Incurred claims, payable with issuer funds | \$43,147,517 | \$7,894,777 | \$5,772,205 | \$891,916 | \$13,918,561 | \$850,489 | \$404,569 | \$13,474 | \$5,171,184 | \$6,207,501 | \$2,019,070 | \$3,772 |
| Net Amt of Rein | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Net Amt of Risk Adj | -\$2,610,578 | -\$466,638 | -\$347,199 | | | -\$52,333 | | | -\$312,602 | -\$385,515 | -\$125,047 | -\$229 |
| Incurred Claims PMPM | \$327.15 | \$395.07 | \$342.04 | \$359.06 | \$327.76 | \$290.37 | \$286.32 | \$280.70 | \$329.29 | \$273.28 | \$278.19 | \$314.30 |
| Allowed Claims PMPM | \$433.58 | \$457.67 | \$433.44 | \$449.28 | \$427.66 | \$408.95 | \$423.90 | \$421.65 | \$443.04 | \$421.40 | \$426.53 | \$426.53 |
| EHB portion of Allowed Claims, PMPM | \$433.58 | \$457.67 | \$433.44 | \$449.28 | \$427.66 | | \$423.90 | \$421.65 | \$443.04 | \$421.40 | \$426.53 | \$426.53 |